

ALABAMA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND
AUDIOLOGY LICENSE (ABESPA)

RENEWAL NOTICE / APPLICATION INSTRUCTIONS
2015 - 2016

YOUR CURRENT LICENSE EXPIRES DECEMBER 31, 2015*

*****THERE IS NO GRACE PERIOD**** If your license has not been renewed by December 31st, you must cease and desist from practicing Speech-Language Pathology and/or Audiology. Failure to renew in a timely manner will result in late fees, notification to your employer and insurance carriers. It is a violation to practice without a license which could result in a fine of up to \$1,000 for each offense (every patient / client).

Complete and provide the following documents:

A) Page 1- Identification information including Fees Schedule

B) Page 2- Verification Signature

C) Page 3- ABESPA continuing Education Reporting Form

NOTE: if **audited**, supporting documents **MUST**
be included prior to the **December 11, 2015**

D) Send a check, money order, etc. with the total Fees

You can renew two (2) ways:

Online: www.abespa.alabama.gov

(If you have been selected for auditing, you **CANNOT** use this procedure.)

Mail to: **ABESPA**

P.O. Box 304760

Montgomery, Alabama 36130-4760

RENEW BEFORE DECEMBER 31, 2015

PLEASE DO NOT SEND RENEWAL FORMS PRIOR TO OCTOBER 1st

SIGNATURE REQUIRED ON PAGE -2-

ALABAMA BOARD OF EXAMINERS FOR SPEECH – LANGUAGE PATHOLOGY AND AUDIOLOGY LICENSE (ABESPA) RENEWAL NOTICE / APPLICATION FOR 2015-16

NAME _____ ABESPA LICENSE # _____

ADDRESS			
Street	City	State	ZIP

PHONE: Home_____ **Cell**_____

***SOCIAL SECURITY NUMBER (last four digits only) XXX-XX-_____Required by law.**
(Code of Alabama 1975, Section 30-3-194. If not included, documents will be returned.)

EMAIL ADDRESS _____

****U.S. CONGRESSIONAL DISTRICT**

(You must include the congressional district of your residence (only if you live in Alabama). You can get this information from your County Registrar or refer to the Congressional District Map on ABESPA's website. If not included, documents will be returned).

Are you a citizen of the United States? Yes_____ No_____

Are you an alien lawfully present in the United States? Yes____ No____
Name of document provided:_____

Primary Employer Name _____

Address			
Street	City	State	ZIP

Employer Phone Number_____

FEEES

This is an application for:

License Renewal: _____**SLP** _____**AUD** Amount Encl. _____
 (\$100.00) (\$100.00)

[illegible]

Late Fee: (\$20 per month starting 02-01-16) Amount Encl. _____
You CAN NOT practice without a CURRENT license! (Code- 870-X-4.03)

TOTAL AMOUNT =

NON-RENEWAL REASON:

- ____ 1. I am working in an **exempt setting**. (ABESPA Code: 870-X- 2-.01)
____ 2. I have **moved** to another state and I am no longer practicing in Alabama.
____ 3. I am **retired** and no longer practicing in the State of Alabama.
____ 4. OTHER:

ABESPA CEU INFORMATION / VERIFICATION SIGNATURE

You must complete a minimum of twelve (12) hours per license of continuing education within each calendar year as a condition of licensure. (January 1, 2015 to December 31, 2015).

1. If this is your **FIRST** renewal period, you are required to have One **(1)** hour of continuing education for each month licensed.
2. If this is your **ANNUAL** renewal, list your twelve **(12)** hours continuing education activities on Page 3. A minimum of 10 hours are specific for improving professional competence (Content Area I) which should include 1 hour of Ethics. Two **(2)** hours can be in an area related to licensure (Content Area II). (ABESPA Code: 870-X-4-.08)

DO NOT INCLUDE ANY SUPPORTING DOCUMENTS WITH THIS FORM UNLESS YOU HAVE BEEN SELECTED FOR AUDIT. *Keep all supporting documents for five (5) years in case you are audited. ABESPA is required to randomly select at least 25% of license renewals for audit each year.*

* I understand **THERE IS NO GRACE PERIOD.** If my license has not been renewed by December 31st, I will cease and desist from practicing Speech-Language Pathology and / or Audiology. Failure to renew in a timely manner will result in late fees, notification to my employer and insurance carriers. I understand it is a violation to practice without a license which could result in a fine of up to \$1,000 for each offense (every patient / client).

I, the undersigned, certify that all information contained herein is true and correct to the best of my knowledge and belief, and I agree to abide by the continuing education audit procedures. I also understand that I must comply with the ethical rules governing ABESPA licensees.

Signature: _____ **Date:** _____

***The Alabama Board of Examiners for Speech Pathology and Audiology (ABESPA) does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

ABESPA USE ONLY:

DATE RECEIVED AT OFFICE _____ **FEE RECEIVED** _____

RENEWAL APPROVAL DATE _____ **INITIALS** _____

RENEWAL PENDING _____

Renew by December 31, 2015

Name: _____ License Number _____

ABESPA CONTINUING EDUCATION REPORTING FORM

The required hours must be completed in the twelve month period of **January 1, 2015 to December 31, 2015**

Date of Activity	Continuing Education Activity	Sponsor ¹	Content Area I (CEH)	Content Area II (CEH) Max. 2 hours
TOTAL (content areas I & II)				

¹Who sponsored activity, e.g., ASHA, ABESPA, SHAA, University, school system, etc?

²CEH = Continuing Education Hours. Only report CEH. An ASHA CEU of 0.1 = 1.0 ABESPA CEH.

If additional space is needed, please attach separate sheet